



Cambridge Youth Programs
Middle School February Vacation Week Program Presents:
MY LIFE AS A GAME SHOW!



Join us at the Area IV Youth Center or Gately Youth Center
(for our four full days of middle school programming!)

Please Check One:

- ☐ Area IV Youth Center: 243 Harvard St., Cambridge, MA 02139 Phone: (617)349-6262
- ☐ Gately Youth Center: 70R Rindge Ave., Cambridge, MA 02140 Phone: (617)349-6277
This program is open for youth in grades 6th, 7th, and 8th who are Cambridge Residents

Space is limited, so be sure to sign up at your local Youth Program as soon as possible, no later than **February 14, 2013**

When: Tuesday, 2/19/13 to Friday, 2/22/13

Deadline for Applications:

Thursday, February 14, 2013

All information must be complete and handed in

Time: 9:00 am - 6:00 pm

Fee: The cost of the program is a \$20.00 non-refundable deposit & an additional \$10.00 if you sign your child up for ice skating. **CASH ONLY**

*Lunch is not provided: please have your child bring a lunch
(With the exception of Chunky's)*

The following Field Trips are being planned for vacation week.
Please check off below to indicate which field trips your child will be attending. Please note that the trip to Chunky's is mandatory if your child attends camp on that day.

- ☐ Chunky's, Nashua NH, Thursday (all you can eat pizza, popcorn & an ice cream sundae)
- ☐ Ice Skating, (please check in with your respective center for the location)

REGISTRATION INFORMATION

Last Name _____ First Name _____ Date of Birth _____

"Home" Youth Center/Program _____ Home Phone # _____

Name of Parent/Guardian: _____

Cell phone #: _____ Work phone #: _____ Hours at Work: _____

If more than one child in your household is applying, please complete the following:

Name of Additional Child: _____ Date of Birth: _____

_____ Date of Birth: _____

Medical Information: Please describe any medical/physical conditions which CYP and EEH Staff should be aware of (dietary restrictions, allergies, chronic health conditions, medications): _____

Additional Emergency Contact (If Parent/Guardian is not available)

Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Guardian Permission

As _____'s legal guardian, I hereby authorize him/her to participate in CYP/EEH's February vacation week daily activities and field trips, which may involve riding the MBTA with supervision.

In the event of a serious illness or injury, I express my consent of the administration of emergency medical care, including anesthesia. I understand that the staff of CYP will make a reasonable effort to contact me first in case of emergency. I will not hold CYP or any member of the staff responsible for such illness or injury.

Signature of Parent/Guardian

Date

Dismissal Information: (Please check one of the following)

- ☐ My child will be picked up by the following person(s): _____
Relationship to child: _____
- ☐ My child has permission to walk home

Very important: Program Staff will only follow these instructions; all persons picking up a child MUST be on the list.